

**Request for Certification of License Status**

Form LIC 780 (Revised 5/2005)

**Producer Licensing Bureau**

P.O. Box 780

Sacramento, CA 95812-0780

Information (800) 967-9331

Or (916) 322-3555

**REQUEST FOR CERTIFICATION OF LICENSE STATUS**

Please use this form to request certification of license status from the California Department of Insurance.

The fee for each certification request is \$18. The fee for multiple certifications (e.g., certifications to several states) is \$18 for each state.

**Note:** *It is not necessary to provide the name of the state(s).*

Please complete the bottom portion of this form, detach the stub, and return the stub with your check payable to the California Department of Insurance.

The form is available on the Internet at: [www.insurance.ca.gov](http://www.insurance.ca.gov)

For further information please phone (800) 967-9331 or (916) 322-3555.

PLEASE DETACH AT THE LINE BELOW AND RETURN THE LOWER PORTION WITH YOUR PAYMENT.

PLEASE **DO NOT** SEND A COPY



LIC 780 (5/2005)

**REQUEST FOR CERTIFICATION OF LICENSE STATUS**

*NOTE: State Name is **NOT** Required*

**LICENSE DATA:** (Please Print)

LICENSE NO.: \_\_\_\_\_

NAME (AS SHOWN ON LICENSE): \_\_\_\_\_

SSN or FEIN: \_\_\_\_\_

**ENTER NUMBER OF CERTIFICATIONS REQUESTED:** **FEE ENCLOSED:**\$18 x  CERTIFICATION(S) = \$ **MAIL CERTIFICATION(S) TO:** (Please Print)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MAIL REQUEST AND FEE TO:**

CALIFORNIA DEPARTMENT OF INSURANCE

PO BOX 780

SACRAMENTO CA 95812-0780

**DO NOT WRITE BELOW THIS LINE.**

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